Using Hospital Discharge Data to Measure the Scope of Intimate Partner Violence Injuries in California

Laura E. Lund, M.A.
Roger Trent, Ph.D.
California Department of Health Services

February and March 2003

Statewide Data Sources for Measuring Intimate Partner Violence

- Nonfatal
 - Patient Discharge Data
 - California Women's Health Survey
 - Future ED reporting
- Fatal
 - Vital Statistics Death Records
 - Supplementary Homicide Reports
 - EPIC's Linked Homicide File
- Other
 - DOJ arrest data

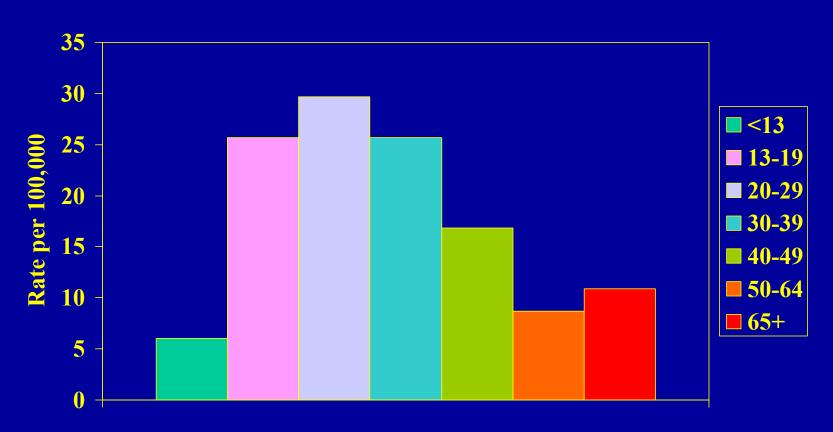
Patient Discharge Data

- Available information includes
 - Diagnosis and injury codes
 - Demographics of victim
 - Information about the hospital stay, payer, etc.
- In California, reporting of E-codes is mandatory
- Reporting is close to 100 percent statewide
- Limited to hospital admissions
- Only one code identifies IPV victims (E967.3)

How Can Patient Discharge Data Be Used to Provide Information on Intimate Partner Violence?

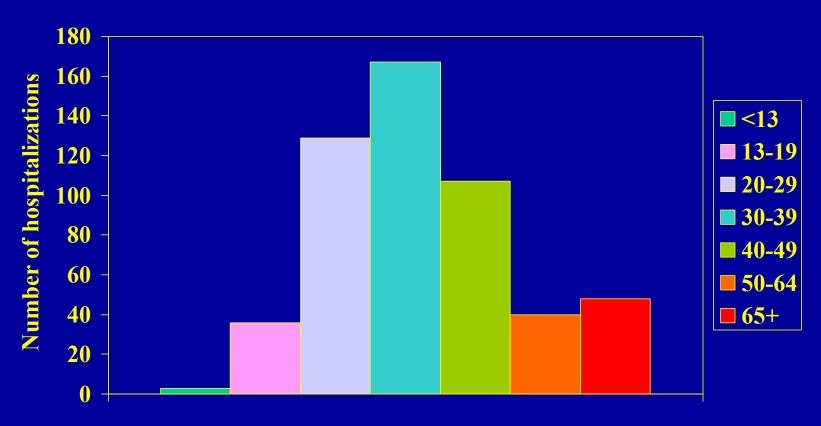
- Assess the magnitude of the injury problem in the state and at the local level
- Monitor trends in number of persons affected and types of injuries
- Provide information on groups at high risk for this type of injury (e.g., young women, poor women)

Violent Injury Hospitalization Rates per 100,000 Females, by Age, California, 1992-1999

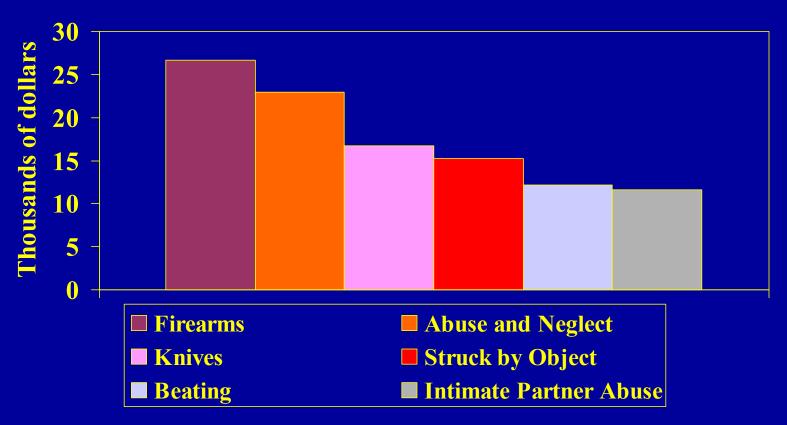


Prepared by California Department of Health Services, EPIC Branch Source: California Office of Statewide Health Planning and Development, Patient Discharge Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail

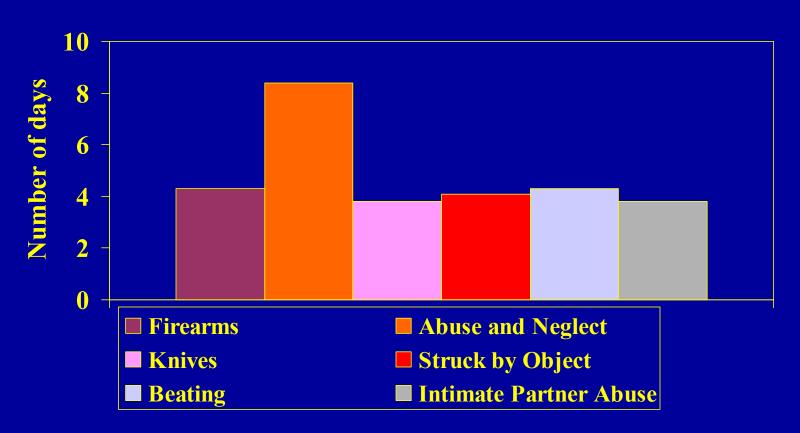
Hospitalizations for IPV Injuries, Females, by Age, California, 1996-1999



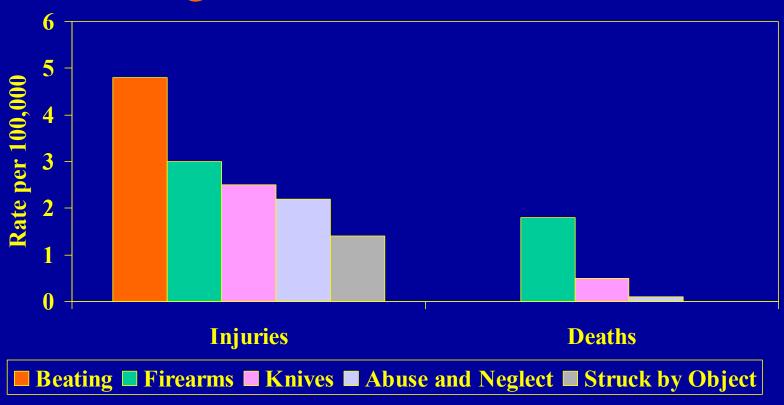
Hospitalized Violent Injuries in California, by Type of Weapon and Average Charges Billed per Hospitalization, All Ages, 1992-1999



Hospitalized Violent Injuries in California, by Type of Weapon and Average Length of Stay, All Ages, 1992-1999



Homicide and Assaultive Injury Rates per 100,000 Women, by WeaponType, All Ages, California, 1992-1999



Prepared by California Department of Health Services, EPIC Branch

Source: California Department of Health Services, Vital Statistics Death Statistical Master File; California Office of Statewide Health Planning and Development, Patient Discharge Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail

Hospitalized Injuries Due to Assault by an Intimate Partner, by Sex, All Ages, California, 1997-1999



Prepared by California Department of Health Services, EPIC Branch

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data

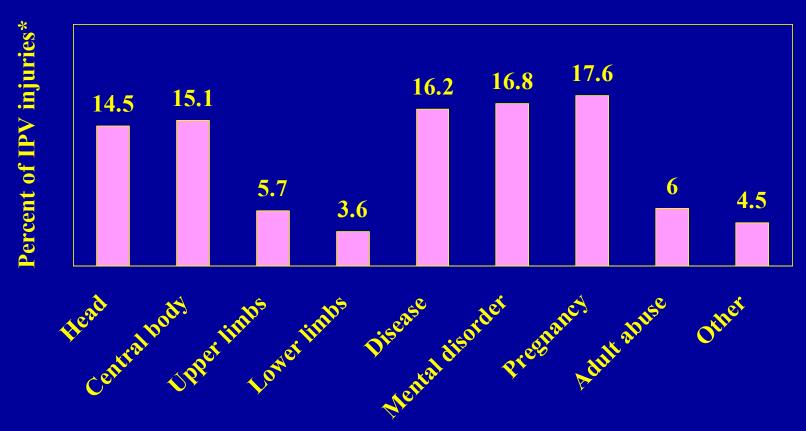
Possible Reasons IP Injuries Are Not Fully Reported in the Patient Discharge Data

- Health care provider omission
- Patient non-disclosure
- Inaccurate or incomplete reporting

Appropriate coding for Injuries Due to IPV

- Child and adult abuse take precedence over all other codes
- Use "adult abuse" code as the principal diagnosis code (995.8x), if this is a reason for admit
- Use the most appropriate E-code to describe the injury as the principal E-code (E960-968)
- Use E967.3 (or other relationship code) as a secondary E-code to describe the relationship between perp and victim

Principal Diagnosis of Hospitalized Injuries Due to Assault by an Intimate Partner, Females Only, All Ages, California, 1996-1999

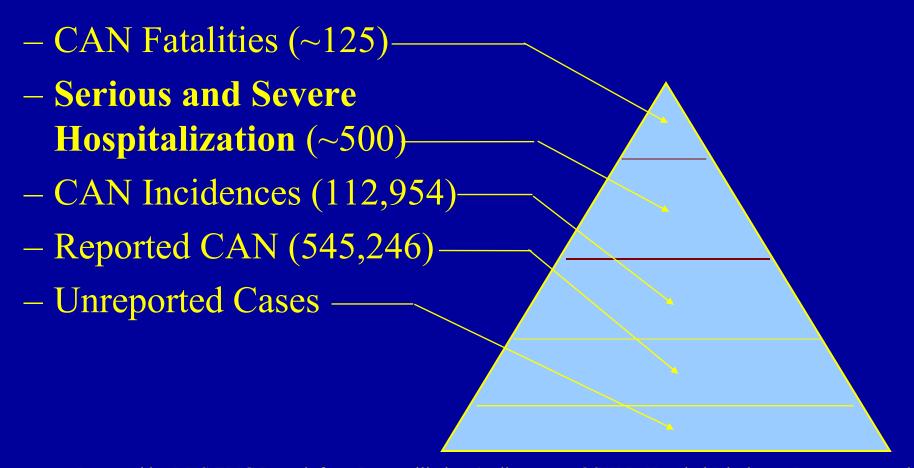


^{*}Principal E-code only

Prepared by California Department of Health Services, EPIC Branch

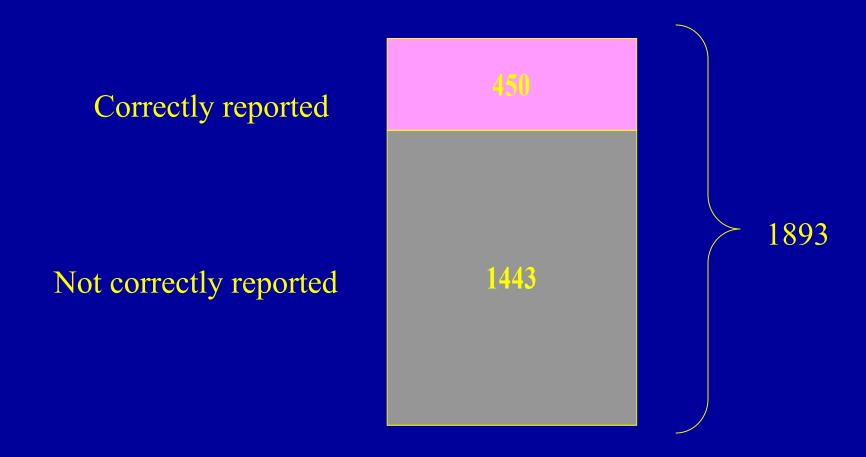
Source: California Office of Statewide Health Planning and Development, Patient Discharge Data

Child Maltreatment Injury Pyramid for California, 1998-2001



Prepared by DHS EPIC Branch from Reconciliation Audits, 1998, OSHPD Hospital Discharge Data, 2000, and Child Welfare Services Reports for California (8/15/02) http://cssr.berkeley.edu/CWSCMSreports/, 2001.

Reporting of Child Maltreatment Hospitalizations, Age 0-17, 1997-2000



Concluding Remarks

- Data on IPV are available in the patient discharge data but value is limited due to underreporting
- Need to improve the quality of discharge data coding to identify as many cases as possible.
- Quality can be improved by
 - Better reporting
 - Better documentation